

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/755850</div>	FILING DATE 				
						APPLICANT(S)					
<div style="display: flex; justify-content: space-between;"> <span>2-20-05</span> <span>CLAIMS</span> </div>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/	/			51				
2	/		/	/			52				
3		/	/	/			53				
4		/	/	/			54				
5		/	/	/			55				
6		/	/	/			56				
7		/	/	/			57				
8		/	/	/			58				
9		/	/	/			59				
10	/		/	/			60				
11		/		/			61				
12		/		/			62				
13		/		/			63				
14		/		/			64				
15		/		/			65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3				TOTAL IND.				
TOTAL DEP.	19		12				TOTAL DEP.				
TOTAL CLAIMS	22		15				TOTAL CLAIMS				